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FEC FORM 2

STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)							
	DESANTIS, RONALD D., , , (b) Address (number and street)	★ Check if address changed				2. Candidate's FEC Identification Number		
	PO BOX 277					H2FL00292		
	(c) City, State, and ZIP Code						ew Amended	
_	NEW SMYRNA BEACH	F 0#:- 0	FL	3217		Statement (N	OR (A)	
4.	Party Affiliation REPUBLICAN PARTY	5. Office Soug House	nt		6. State & Distr	rict of Candidate 06		
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE								
7.	I hereby designate the following named political committee as my Principal Campaign Committee for the 2018 election(s). (year of election)							
	NOTE: This designation should be filed with the appropriate office listed in the instructions.							
(a) Name of Committee (in full) RON DESANTIS FOR FLORIDA								
	(b) Address (number and street) PO BOX 277							
	(c) City, State, and ZIP Code							
	NEW SMYRNA BEACH				FL	32170		
DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives)								
8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.								
NOTE: This designation should be filed with the principal campaign committee.								
(a) Name of Committee (in full) DESANTIS VICTORY COMMITTEE								
	(b) Address (number and street) 901 N WASHINGTON ST							
	SUITE 700							
	(c) City, State, and ZIP Code							
	ALEXANDRIA				VA	22314		
I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.								
Signature of Candidate Date								
D	ESANTIS, RONALD D., , ,			[Elec	tronically Filed]	11/28/2016		
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.								
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FEC FORM 2 (REV. 02/2009)